

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-575)

SERIAL NO. **09/980716**
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1		51						
2	1				1		52						
3	1				1		53						
4	1				1		54						
5	1				1		55						
6	1				1		56						
7	1				1		57						
8	1				1		58						
9	1				1		59						
10	1				1		60						
11	1				1		61						
12	1				1		62						
13	1				1		63						
14	1				1		64						
15	1				1		65						
16	1				1		66						
17	1				1		67						
18	1				1		68						
19	1				1		69						
20	1				1		70						
21	1				1		71						
22	1				1		72						
23	1				1		73						
24	1				1		74						
25	1				1		75						
26	1				1		76						
27	1				1		77						
28	1				1		78						
29	1				1		79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	19		19		19		TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS	19		19		19		TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS